

# Funday (School Day Off) - Medical form *(Please print. Entire form must be completed.)*

Male Female *(Circle one)*

Camper's name \_\_\_\_\_ Grade entering in fall \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent *(full legal name)* \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell/Pager # \_\_\_\_\_

Parent *(full legal name)* \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell/Pager # \_\_\_\_\_

E-Mail address *(necessary for camp info and updates)* \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Relation \_\_\_\_\_

Emergency contact: Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell/Pager # \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_ Family dentist \_\_\_\_\_ Phone \_\_\_\_\_

Child's health status \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor. Allergies, asthma, diabetes, other \_\_\_\_\_

Medications now taking \_\_\_\_\_ Tetanus shot in last five years? If yes, date \_\_\_\_\_

Additional information/comments \_\_\_\_\_  
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## Authorized pick-up *(Children will not be released to anyone not indicated on this form, including parent or guardian)*

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
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I give the Lake County YMCA permission to transport my child to daily School Day Off program sites. I understand that in the event of an emergency, every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by YMCA adult staff to give proper treatment, injections, and to perform surgery as needed. In consideration of the opportunity to participate in YMCA programs, I hereby assume all risks and release and hold harmless the association and all its members, volunteers and employees from any claims which might arise as the result of my presence, participation and membership in the association. I certify that my child is normal and healthy and amenable to discipline. During the school day off program, I expect him/her to observe all regulations decided upon for the welfare of all. I certify that all information provided above is accurate.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

YMCA Member *(Circle One)*: Yes No Branch: West Central East